

**DECLARATION**

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CRYOTHERAPY SYSTEM the specification of which was filed on January 14, 2004 as Application No. 10/757,769.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s)**

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/440,662	January 15, 2003

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

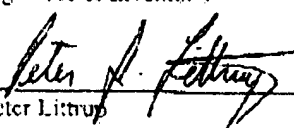
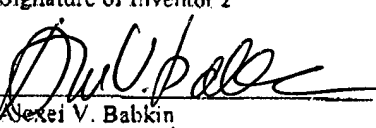
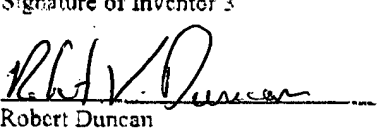
Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: <b>LITTRUP</b>	First Name: <b>PETER</b>	Middle Name or Initial: <b>J.</b>	
Residence & Citizenship:	City: <b>Bloomfield Hills</b>	State/Foreign Country: <b>Michigan</b>	Country of Citizenship: <b>United States</b>	
Post Office Address:	Post Office Address: <b>951 Timberlake</b>	City: <b>Bloomfield Hills</b>	State/Country: <b>Michigan</b>	Postal Code: <b>48302</b>
Full Name of Inventor 2:	Last Name: <b>BABKIN</b>	First Name: <b>ALEXEI</b>	Middle Name or Initial: <b>V.</b>	
Residence & Citizenship:	City: <b>Albuquerque</b>	State/Foreign Country: <b>New Mexico</b>	Country of Citizenship: <b>Russian Federation</b>	
Post Office Address:	Post Office Address: <b>9923 Osuna Rd. NE</b>	City: <b>Albuquerque</b>	State/Country: <b>New Mexico</b>	Postal Code: <b>87111</b>

Attorney Docket No.: 040090-000210US

Full Name of Inventor 3:	Last Name: <b>DUNCAN</b>	First Name: <b>ROBERT</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Tijeras</b>	State/Foreign Country: <b>New Mexico</b>	Country of Citizenship: <b>United States</b>	
Post Office Address:	Post Office Address: <b>130 Tablazon Road P.O. Box 1507</b>	City: <b>Tijeras</b>	State/Country: <b>New Mexico</b>	Postal Code: <b>87059</b>
Full Name of Inventor 4:	Last Name: <b>BOLDAROV</b>	First Name: <b>SERGEI</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Moscow</b>	State/Foreign Country: <b>Russian Federation</b>	Country of Citizenship: <b>Russian Federation</b>	
Post Office Address:	Post Office Address: <b>5, 9th Parkovaya Street, Apt. 90</b>	City: <b>Moscow</b>	State/Country: <b>Russian Federation</b>	Postal Code: <b>105554</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  Peter Littrup Date <u>6-8-2004</u>	Signature of Inventor 2  Alexei V. Babkin Date <u>6-14-2004</u>	Signature of Inventor 3  Robert Duncan Date <u>June 12, 2004</u>
Signature of Inventor 4  Sergei Boldarov Date		

60211438 v1

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60/440,662	January 15, 2003

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Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: <b>LITTRUP</b>	First Name: <b>PETER</b>	Middle Name or Initial: <b>J.</b>	
Residence & Citizenship:	City: <b>Bloomfield Hills</b>	State/Foreign Country: <b>Michigan</b>	Country of Citizenship: <b>United States</b>	
Post Office Address:	Post Office Address: <b>951 Timberlake</b>	City: <b>Bloomfield Hills</b>	State/Country: <b>Michigan</b>	Postal Code: <b>48302</b>
Full Name of Inventor 2:	Last Name: <b>BABKIN</b>	First Name: <b>ALEXEI</b>	Middle Name or Initial: <b>V.</b>	
Residence & Citizenship:	City: <b>Albuquerque</b>	State/Foreign Country: <b>New Mexico</b>	Country of Citizenship: <b>Russian Federation</b>	
Post Office Address:	Post Office Address: <b>9923 Osuna Rd. NE</b>	City: <b>Albuquerque</b>	State/Country: <b>New Mexico</b>	Postal Code: <b>87111</b>

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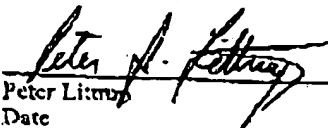
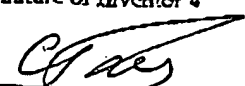
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Attorney Docket No.: 040090-000210US

Full Name of Inventor 3:	Last Name: DUNCAN	First Name: ROBERT	Middle Name or Initial:
Residence & Citizenship:	City: Tijeras	State/Foreign Country: New Mexico	Country of Citizenship: United States
Post Office Address:	Post Office Address: 130 Toblazon Road P.O. Box 1507	City: Tijeras	State/Country: New Mexico Postal Code: 87059
Full Name of Inventor 4:	Last Name: <del>BOLDAROV</del> BOLDAREV	First Name: SERGEY SERGEY	Middle Name or Initial: T.
Residence & Citizenship:	City: Moscow	State/Foreign Country: Russian Federation	Country of Citizenship: Russian Federation
Post Office Address:	Post Office Address: 5, 9th Parkovaya Street, Apt. 90	City: Moscow	State/Country: Russian Federation Postal Code: <del>105554</del> 105043

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  Peter Litman Date	Signature of Inventor 2  Alexei V. Bahkin Date	Signature of Inventor 3  Robert Duncan Date
Signature of Inventor 4  Sergey Boldarev Date 06/14/04		

Please type a plus sign (+) inside this box →



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	10/757,769
<b>Filing Date</b>	January 14, 2004
<b>First Named Inventor</b>	Peter Littrup
<b>Title</b>	CRYOTHERAPY SYSTEM
<b>Group Art Unit</b>	3762
<b>Examiner Name</b>	Not Yet Known
<b>Attorney Docket Number</b>	040090-000210US

I hereby appoint:

☒ Practitioners at Customer Number  
**OR**

20350

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

☐ Practitioners at Customer Number

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Peter Littrup, Chairman and Chief Medical Officer
<b>Signature</b>	
<b>Date</b>	9/7/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of one form is submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. 60210868 v1

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Peter Littrup et al.Application No./Patent No.: 10/757,769Filed/Issue Date: January 14, 2004Entitled: CRYOTHERAPY SYSTEMMediPhysics LLP, a partnership

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

**OR**

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To : \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To : \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To : \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

6/7/04

Date

248-736-4177

Telephone number

Peter Littrup

Typed or printed name

Signature

Chairman and Chief Medical Officer

Title

Assignment

Attorney Docket No.: 040090-000210US

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Dated:

6-14-2009

Dated:

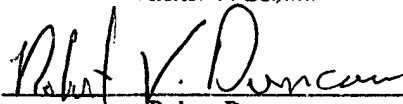
6-12-2004

Dated:

\_\_\_\_\_



Alexei V. Babkin



Robert Duncan

\_\_\_\_\_  
Sergei Boldarov

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